The Commonwealth of Massachusetts

Marion

(City or Town)				
ANNUAL REPORT – RAFFLES & BAZAARS (C. 810, Acts of 1969)		(Date)		
Name and address of Nonprofit Organization:				
Expiration Date of Permit:			·	
Number of Raffles and Bazaars Held:		×		
Amount of Money Received:		\$		
Expenses Connected with Raffles Conducted:				
Net Proceeds:				
For What Purposes Were the Proceeds Used?				
Names & Addresses of Winners of \$25.00 or Mo				
	- ·			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Attach Additional Pag	ges as Nece	essary)		-
We, the undersigned, do hereby certify that this re	eport is true	e and complete.		
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	_			
(Accountant)	_ 2			
(Cassonial)	3.			
	J			
Report Certified to be in Conformity With C. 810, Acts of 1969:	.*			
•				
	*****	Signature of A	authorized Officer or Mem	ber ···
City/Town Clerk	_	(Of Organization	

RENEWAL PERMIT WILL NOT BE ISSUED TO LICENSEE UNTIL THIS REPORT HAS BEEN COMPLETED AND FILED WITH THE COMMISSIONER OF PUBLIC SAFETY.